

Due January 22, 2022

Chapter Advisor's Recommendation

It is the student's responsibility to print and provide this form to their advisor. This appraisal form should be emailed to by January 22, 2022 to ohiohosa.14@gmail.com with an implied signature of approval or mailed to Jim Scott, Ohio HOSA, 5943 Ocala Court, Galloway, Ohio 43119 by the local advisor. Content are confidential.

CANDIDATE'S NAME (<i>First M. Last</i>)

Advisor's Appraisal

Description	<i>Please type an "X" in the appropriate box.</i>				
	Excellent	Very Good	Good	Fair	Poor
Applicant's demonstrated ability to lead others					
Applicant's overall character					
Applicant's demonstrated ability to be a team player					
Applicant's ability to follow the lead of others					
Reputation of applicant within chapter, school and community					
Applicant's reliability and timeliness					
Applicant's ability to follow through on a task					
Applicant's public speaking ability					
Applicant's academic acumen					

Please identify the applicant's greatest strength and the area of potential growth based upon the above criteria areas.

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Advisor's Signature	
The above information is a true, sincere and honest appraisal of the Ohio HOSA State Executive Council Officer applicant.	
Chapter Advisor:	Date: